



sustainable thriving achieving
East Dunbartonshire Council
 www.eastdunbarton.gov.uk

East Dunbartonshire Council
 Education Service
 Suite S4 Marina
 Strathkelvin Place
 Kirkintilloch
 G66 1XT

Tel: 0141 578 8947
 Email: transport.ema@eastdunbarton.gov.uk

EDUCATION MAINTENANCE ALLOWANCE (EMA)

SESSION 2018/19

COMPLETE FORM IN BLACK OR BLUE INK

| |
|----------------------|
| FULL NAME OF STUDENT |
| SCHOOL |
| DATE OF BIRTH |
| SQA Candidate Number |

Have you received an EMA before? YES NO

A fresh application must be made each financial year including all original documentation needed to complete the assessment.

OFFICIAL USE ONLY

| | | | |
|---|----------------------------------|-----------------------|-------------------------------|
| EMA Reference No. | Date Application Received | 1st Check | 2nd Check |
| Date Application Fully Completed | Approved | EMA Start Date | Date Award Letter Sent |
| Date Learning Agreement Received | Autumn Intake | Winter Intake | Provisional Award |

| | | | |
|--------------------|---------------------|------------------|---------------|
| FOR OFFICIAL NOTES | Parent/Carer | Documents | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| Final Award | | | |

Education Maintenance Allowances (EMA)

Additional Guidance

Both Student and Carer(s) must sign the Declaration Form on page 10.

- If you were born between 1 March 1999 and 28 February 2003 you may be eligible for an EMA.
- If you are 16 years of age or over before 30 September 2018, you may be eligible for an EMA from the beginning of school term.
- If you are 16 years of age between 1 October 2018 and 28 February 2019, you may be eligible for an EMA from January 2019.
- For those eligible for full year award, if the application is not submitted by **30 September 2018**, the award can only be made from the week it is received by this office.
- For those who are eligible from January 2019, if the application is not submitted by **28 February 2019**, the award can only be made from the week it is received by this office.
- The cut-off date for processing application forms for academic year 2018/19 is **31 March 2019**. No applications will be processed after this date.
- Household income is normally assessed on gross taxable household income for the period April 2017 to March 2018.
- The income thresholds for the EMA Programme, Academic Year 2018/19 are as follows:

EMA criteria

| Income | No. of dependent children in the household | Award |
|--------------|--|-------|
| £0 - £24,421 | 1 | £30 |
| £0 - £26,884 | 2+ | £30 |

- Dependent children are all those up to the age of 16 and those over the age of 16 and up to the age 25 if they are in full time further or higher education.
- If you are receiving education while living in a foster home or children's home, and are in the care of the local authority or living independently in receipt of Income Support or contributions-based Employment and Support Allowance, you are eligible for a £30 EMA award without having to provide evidence of household income.
- If successful, you must complete a learning agreement and adhere to the terms of that agreement.
- If successful, you must attend school for a minimum of 21 guided learning hours per week (timetabled hours including study periods).
- If successful, you will only receive EMA payments for those weeks where you have maintained 100% attendance (including authorised absences) and acceptable punctuality and conduct.
- Students may be eligible to receive a provisional award if a self-employed parent is temporarily unable to supply details in which a final settlement can be made. Please detail change in circumstances and date of change in Additional Information on page 12.
- If you return to school for a sixth year, i.e. session 2019/20, you may be eligible for a further year's EMA support.
PLEASE NOTE A FRESH APPLICATION MUST BE MADE EACH YEAR

The Scottish Ministers reserve the right to review the EMA programme at any time.

A fresh application must be made each academic year including all original documentation needed to complete the assessment.

Education Maintenance Allowances (EMA) Application Contact Address

A FIRST CLASS STAMP WILL NOT BE SUFFICIENT POSTAGE WHEN SENDING IN YOUR COMPLETED APPLICATION FORM. POSTAGE CHARGES ARE NOW BASED ON WEIGHT & SIZE. PLEASE CHECK POSTAGE PRIOR TO SENDING IN YOUR FORM.

Please refer to the checklist on page 11 prior to submitting your form.

Please complete the application form and send it to the following address:

East Dunbartonshire Council
Education Service
Suite S4 Marina
Strathkelvin Place
Kirkintilloch
G66 1XT

Tel: 0141 578 8947

Email: transport.ema@eastdunbarton.gov.uk

IF YOU ARE POSTING YOUR APPLICATION YOU MUST ENCLOSE A STAMPED ADDRESSED ENVELOPE (9" X 6" IN SIZE) FOR PERSONAL DOCUMENTS TO BE RETURNED.

Part A

Section I(A): PERSONAL DETAILS – Completed by Student

Gender Male Female Date of Birth (Day/Month/Year)

First Name(s)

Surname(s)

Email address of applicant

Current Home Address

Postcode

Home Telephone

Mobile

Section I(B): PERSONAL NATIONALITY AND RESIDENCY DETAILS

How long have you lived in the United Kingdom? From

Have you lived at your present address for longer than 3 years? Yes No

If no, please tell us your previous address(es) within the last 3 years, including those abroad.

From To

Address 1

Postcode

From To

Address 2

Postcode

Residency: please tick the relevant box:

UK EU/EEA National/Swiss National Settled Status/Exceptional Leave to Enter/Remain

Refugee Status/Temporary Protection/Humanitarian Protection None of these

Syrian Vulnerable Persons Relocation Scheme (VPRS)

From To

If required, please use the additional information page at the end of the application form.

Section 2: COURSE/SCHOOL DETAILS – Completed by Student

Name of School

Address

Postcode

Are you attending school and/or college for at least 21 guided learning hours each week? Yes No

If no, do you have flexible study arrangements to meet your particular needs, i.e. due to a medical condition?

Yes No

Please state reason why you will be attending school for less than 21 guided learning hours. Please use additional information page if required.

Which year of study will you be undertaking? S4 S5 S6 Other

If you received an EMA award last year, to which Local Authority did you apply, and what school did you attend?

Section 3: BANK/BUILDING SOCIETY ACCOUNT DETAILS – Completed by Student

Name of person holding account

Is the account holder the EMA student? Yes No

If no, please state reason on additional information page.

Name and Address of your Bank/
Building Society

Bank/Building Society Sort Code (6 digits)

Account Number (8 digits)

Roll/Reference Number (if applicable)

Any changes to your bank/building society account must be made in writing immediately to your Local Authority Education Department

Section 4: INDEPENDENT STATUS – Completed by Student

Do you receive Income Support or contributions-based Employment and Support Allowance in your own right?

Yes

No

If yes, are you living under the care of the Local Authority or with foster parents?

Yes

No

Section 5: FAMILY DETAILS – Completed by Student

Who do you live with? (please tick all that apply)

Mother Father Mother's partner Father's partner EMA Applicant's partner

Grandparent(s) Foster parent(s) In care On my own

Other adults please specify

Lone parent household? Yes No **If yes, please provide proof**

How many dependent children living in the household?

| (Full) Name of Other Dependents | Date of birth | Nursery/School/Learning Centre |
|---------------------------------|---------------|--------------------------------|
| | | |
| | | |
| | | |

Parent/Carer 1

Parent/Carer 2

Name (include title)

Permanent Address

Postcode

Relationship to Applicant

Occupation(s) held during tax year 2017/18

Marital Status

Contact Number

EMA applicants must now sign the Student Declaration at Section 7(A) on page 10.

Section 6(A): HOUSEHOLD INCOME – Completed by Parent(s)/Carer(s)

Have you included a relevant complete Tax Credit Award Notice (TCAN) TC602 for 2018/19 with your application form?

Yes No

If yes, please go to Section 7(B)

Section 6(B): HOUSEHOLD INCOME – Completed by Parent(s)/Carer(s)

For those where there is no TCAN available, the following income details are required.

Please enter nil value if not applicable. Values should be annual amounts for 2017/18.

TAXABLE SOCIAL SECURITY BENEFITS - AMOUNT RECEIVED IN 2017/18.

| | Parent/Carer 1 | Parent/Carer 2 |
|---|----------------|----------------|
| Carer's Allowance (previously called <i>Invalid Care Allowance</i>) <i>Including any child dependency increase.</i> | £ | £ |
| Contributions-based Jobseeker's Allowance Do not include any amounts of income-based Jobseeker's Allowance. If you started work and gave your employer a P45U showing these details, do not include them here. | £ | £ |
| Contributions-based Employment and Support Allowance Please state any Contributions-based Employment and Support Allowance received. | £ | £ |
| Incapacity Benefit <i>Include benefit paid after the first 28 weeks of incapacity (at the short-term higher and long-term rates) together with any child dependency increase. If any tax was deducted from your benefit, enter the amount due before the tax was taken off.</i> Do not include benefit paid in the first 28 weeks of incapacity (at the short term lower rate) or benefit paid for a period of incapacity that began before 13 April 1995 and for which Invalidity Benefit used to be payable or any child dependency increase with these payments. If you started work and gave your employer a P45U showing these details, do not include them here. | £ | £ |
| Income Support This is only taxable if it is payable to a member of a couple and the recipient (but not the recipient's partner) is on strike. Do not report Income Support if it is not taxable. | £ | £ |
| Universal Credit | £ | £ |

SOCIAL SECURITY BENEFITS

Are you in receipt of non-taxable social security benefits? Yes No

If yes, please take part C to DWP to be completed.

EARNINGS FROM EMPLOYMENT (INCLUDING SELF EMPLOYMENT) IN 2017-2018

| | Parent/Carer 1 | Parent/Carer 2 |
|--|----------------|----------------|
| Total gross employment income from all jobs after deduction of <ul style="list-style-type: none"> pension contributions, and Deductions to charity via gift aid But , before taking off <ul style="list-style-type: none"> tax and National Insurance contributions, and Share Incentive Plan deductions Include: <ul style="list-style-type: none"> your total profits minus losses from self-employment any tips or gratuities you receive any Statutory Sick Pay you received the taxable part of any termination payments taxable securities options gains any strike pay you received payments for any work done whilst you were serving a sentence in prison or on remand (this counts as income for tax credit purposes even though it is not taxable as earnings) | £ | £ |
| Deduct any allowable expenses you have incurred (see Guidance for completing application form 2018/19) | £ | £ |
| Deduct up to the first £100 for each week (for example, if you received £80 please enter 0, if you received £120 please enter £20) you received Statutory Maternity Pay, Statutory Paternity Pay and Statutory Adoption Pay (for tax credits, £100 a week of each payment is ignored) | £ | £ |

BENEFITS FROM YOUR EMPLOYER(S) IN 2017-2018

| Type of benefit | Parent/Carer 1 | Parent/Carer 2 |
|---|----------------|----------------|
| Goods or assets | £ | £ |
| Your liabilities (bills, etc.) paid by employer | £ | £ |
| Vouchers and credit tokens | £ | £ |
| Car mileage allowances or running costs | £ | £ |
| Company cars | £ | £ |
| Car fuel | £ | £ |
| Taxable expenses payments | £ | £ |

NOTIONAL INCOME

| | Parent/Carer 1 | Parent/Carer 2 |
|---|----------------|----------------|
| Capital treated as income (e.g. stock dividend). | £ | £ |
| Trust income that under the income tax rules is treated as the income of another person, e.g. investment income of a minor child where trust funds have been provided by a parent and the amount exceeds £100. | £ | £ |
| Income you were entitled to but did not apply for, e.g. if you were entitled to claim Carer's Allowance but did not claim it. | £ | £ |
| Income you deprived yourself of, e.g. if you sell the right to an occupational pension worth £10 a week for £2500, the £2500 should not be included but you should add £10 a week to your income. | £ | £ |
| Income you have deprived yourself of (e.g. income not taken because you worked for less than the going rate (or for nothing) but where the person for whom the work was done, or for whom the service was provided, has the means to pay. This does not apply to voluntary work or employment or training programmes. | £ | £ |

UK PENSION

| | Parent/Carer 1 | Parent/Carer 2 |
|--|----------------|----------------|
| Widowed Parent's Allowance. | £ | £ |
| State Pension. | £ | £ |
| Other Pensions, Personal pension plan or retirement annuity contracts. | £ | £ |

SAVINGS

| | Parent/Carer 1 | Parent/Carer 2 |
|--|----------------|----------------|
| Gross income from investments/savings/shares, etc. include interest from any bank or building society accounts (this is income before tax was deducted). | £ | £ |
| If you received any company dividends add the tax credit to the dividend. | £ | £ |

PROPERTY/TRUST/FOREIGN INCOME

| | Parent/Carer 1 | Parent/Carer 2 |
|--|----------------|----------------|
| Include income from property or land in the UK that you owned or leased out (if this was part of your business income include it above at income from self-employment). | £ | £ |
| Gross income from a trust, settlement or a deceased person's estate (this is the income before tax was deducted). | £ | £ |
| Foreign Income: Include the gross amount, in British pounds before any foreign tax is deducted. NB – for foreign pensions only include 90% of the gross amount received. | £ | £ |

| | | |
|--|--|---|
| Add totals for Parent/Carer 1 and Parent/Carer 2 | | £ |
|--|--|---|

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| | | |
|--|--|---|
| Please note deduction from other income where appropriate. | | £ |
|--|--|---|

| | | |
|--------------------------------|---|---|
| OVERALL TOTAL PER ANNUM | £ | £ |
|--------------------------------|---|---|

Section 7(A): STUDENT DECLARATION

This section must be completed by the student applying for an EMA award.

- I declare that all the answers given in this form are true.
- I have read the guidance and understand and accept my obligations.
- I understand that if I give false information or withhold information my EMA application will be cancelled and, if necessary, action will be taken to recover any money paid to me.
- I undertake to refund any sum arising from an overpayment for any reason.
- I understand that if I do not keep to the conditions of my Learning Agreement, payments may be withheld.
- I understand that if I leave school, I will not be eligible for any further payments.
- I understand that relevant information may be passed on to third parties within the Local Authority.
- I give permission for the local authority to release information relating to my independent status to EMA Unit.

Signature of Applicant

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Name (PRINT)

If the student is unable to sign this form due to additional support needs, please leave blank and tick box provided.

Section 7(B): PARENTAL/PARTNER/CARER DECLARATION

This section must be completed if the applicant is under 18 years of age or the award has been assessed against the income of the applicant's parent, spouse, or carer.

- I/We declare that to the best of my/our knowledge and belief all the information given, in connection with this application, is full and correct in every respect.
- I/We undertake to provide any additional information which may be required by the Local Authority to verify the particulars given and also to inform the Local Authority immediately of any alteration in these particulars.
- I/We undertake to inform the Local Authority of any changes in financial circumstances which may affect the award.
- I/We understand that if my/our child does not keep to the conditions of their Learning Agreement, payments may be withheld.
- I/We understand that if my/our child leaves school, he/she will not be entitled to any further payments.
- I/We consent to the undertaking signed by the student above.
- I am/We are aware that my/our child is bound by the conditions set out by the EMA guidance.
- I/We give permission for the Local Authority to release information relating to my/our household circumstances to EMA team for proof of single occupancy.

Parent/Carer 1
Signed

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Name (PRINT)

Parent/Carer 2
Signed

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Name (PRINT)

Section 8: CHECKLIST

Please ensure the following original documents are submitted with your application form. WE ARE UNABLE TO ACCEPT PHOTOCOPIES.

Failure to send in the relevant original documents will delay the processing of your EMA.

A first class stamp may not be sufficient postage for this application form.

Please check postage required.

| Documentation required (see below) | Tick if enclosed | For office use only |
|--|--------------------------|--------------------------|
| Original birth certificate or passport (pupils) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you enclosed a stamped addressed envelope (9" x 6" in size) for personal documents to be returned? A first class stamp may not be sufficient postage | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are an independent student, Part C should be completed by the Department for Work and Pensions (DWP) | <input type="checkbox"/> | <input type="checkbox"/> |
| HM Revenue & Customs Tax Credit Award Notice (TCAN)TC602 for 2018/19 | <input type="checkbox"/> | <input type="checkbox"/> |
| P60 | <input type="checkbox"/> | <input type="checkbox"/> |
| Valid week 52/month 12 payslip | <input type="checkbox"/> | <input type="checkbox"/> |
| SAAS or college award letter | <input type="checkbox"/> | <input type="checkbox"/> |
| School/college/university letter confirming enrolment for siblings. | <input type="checkbox"/> | <input type="checkbox"/> |
| Statement of earnings from HM Revenue & Customs if parent(s)/carers(s) are employed | <input type="checkbox"/> | <input type="checkbox"/> |
| If parent(s)/carer(s) are self employed and are not in receipt of a (TCAN)TC602, SA302 or accountant's certificate (see Part B) should be submitted. If you are sending an SA302 please also enclose the letter you received from HMRC when they issued the SA302 to you. | <input type="checkbox"/> | <input type="checkbox"/> |
| If parent(s)/carer(s) receive benefits - Part C must be completed by Department for Work and Pensions (DWP) or a P60U or confirmation letter must be included | <input type="checkbox"/> | <input type="checkbox"/> |
| 2018 P60 supporting parent(s)/carer(s) occupational pension | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of guardianship, if required, e.g. child benefit letter | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of lone parent status, e.g. council tax notice for period April 2017 - March 2018 | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof that you are in the care of the Local Authority, if applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| P45 if necessary | <input type="checkbox"/> | <input type="checkbox"/> |
| Other documents you may have supplied, please specify on Additional Information page 12 | <input type="checkbox"/> | <input type="checkbox"/> |
| Other documentation required as per Section 6B Household Income calculation | <input type="checkbox"/> | <input type="checkbox"/> |
| Any documentation to support other dependent children | <input type="checkbox"/> | <input type="checkbox"/> |

RETURN OF DOCUMENTS

All documents will be returned to the name stated on the return envelope, unless otherwise stated on the additional information page (page 12) at the back of the declaration page.

Part B I

Parent/Carer I

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by accountant

If both parent(s)/carer(s) are self employed, each is required to complete Part B separately.
NB: application may be submitted with Part B to follow.

Student Name

Student Date of Birth

Name of Parent/Carer who is Self Employed

Trading Name

Business Address

| | |
|--|---|
| Estimated Profits for Trading Year 2017/18 | £ |
|--|---|

ADD

| | |
|--|---|
| Charges not allowable for tax purposes | £ |
|--|---|

DEDUCT

| | |
|--------------------|---|
| Capital Allowances | £ |
|--------------------|---|

EQUALS

| | |
|-----------------|---|
| TAXABLE PROFITS | £ |
|-----------------|---|

Please provide any details of any other income received during trading year 2017/18:

| | |
|------------------------------|---|
| Self Employed Parent/Carer I | £ |
|------------------------------|---|

Date

Accountant's Name

Office Address

Accountant's Signature

Accountant's Official Stamp

NB: An SA302 is still required in order to finalise any award. This may have to be requested from HM Revenue & Customs.

Part B 2

Parent/Carer 2

ACCOUNTANT'S CERTIFICATE FOR SELF EMPLOYED – Completed by accountant

If both parent(s)/carer(s) are self employed, each is required to complete Part B separately.
NB: application may be submitted with Part B to follow.

Student Name

Student Date of Birth

Name of Parent/Carer who is Self Employed

Trading Name

Business Address

| | |
|--|---|
| Estimated Profits for Trading Year 2017/18 | £ |
|--|---|

ADD

| | |
|--|---|
| Charges not allowable for tax purposes | £ |
|--|---|

DEDUCT

| | |
|--------------------|---|
| Capital Allowances | £ |
|--------------------|---|

EQUALS

| | |
|-----------------|---|
| TAXABLE PROFITS | £ |
|-----------------|---|

Please provide any details of any other income received during trading year 2017/18:

| | |
|------------------------------|---|
| Self Employed Parent/Carer 2 | £ |
|------------------------------|---|

Date

Accountant's Name

Office Address

Accountant's Signature

Accountant's Official Stamp

**NB: An SA302 is still required in order to finalise any award.
This may have to be requested from HM Revenue & Customs.**

Part C I

Parent/Carer I

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER I is in receipt of benefits

To be completed by student's parent/carer before submitting to DWP

Your Name Student's Name

Your National Insurance number

Address

I authorise DWP to give information relating to my benefits allowances

Signature

You should now detach this page and take it to your local DWP Office for completion. To be completed by the Department for Work & Pensions for the district in which the parent/carer is/was registered.

Please complete details of benefits received **at any time during the year 6 April 2017 to 5 April 2018.**

Name of additional person(s) claimed for in addition to above

| | | | | | | | Taxable | Non-Taxable |
|-------|--|-----|--|---|----------|------------------|---------|-------------|
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| Other | | | | | | | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office

Part C 2

Parent/Carer 2

CERTIFICATE OF BENEFITS RECEIVED – To be completed if PARENT/CARER 2 is in receipt of benefits

To be completed by student's parent/carers before submitting to DWP

Your Name Student's Name

Your National Insurance number

Address

I authorise DWP to give information relating to my benefits allowances

Signature

You should now detach this page and take it to your local DWP Office for completion. To be completed by the Department for Work & Pensions for the district in which the parent/carers is/was registered.

Please complete details of benefits received **at any time during the year 6 April 2017 to 5 April 2018.**

Name of additional person(s) claimed for in addition to above

| | | | | | | | Taxable | Non-Taxable |
|-------|--|-----|--|---|----------|------------------|---------|-------------|
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |
| Other | | | | | | | | |
| From: | | To: | | £ | per week | Type of Benefit: | | |

Signature of Manager/Clerk

Please print name

Date

DWP Stamp

Department for Work & Pensions Office